STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

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APR 2 0 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s) Stepl	hen Hab	be		
II. Name of lobbyist'	s partnership, firm or	corporation, if a	iny:		
Al A	Complement	the American	Diabetes A	sca carbina	
(Nar	. Cemplayer of me of partners p, firm or	corporation)	010000 710	30 0 300 7 1 0 13	<i></i>
	Tolman St.	Sharon		MA	02067
Business Address: (St	reet)	(Town/City)	-	(State)	(Zip Code)
(Telephone)	3 * 3457 (61)	7 <u>507-916</u> (Fax	e-ma	ii <u>Shabbe</u>	@ diabetis.org
	overs: (Choose one – f ransactions which are				file a separate report for
All reportable tran	sactions occurring in th				following client:
		n Diabetes	-		
OR	(Full Name of Client as	it appears on the Lo	obbyist Registration	Form)	
		(including the lob	bbyist's family), c	or the lobbying t	firm listed below which are
IV. Date of Report Reports cover: activ	April 25, 2018 Vity from date of registrati		July 25, activity from 4/	2018	
	October 31, 2018 activity from 7/1/18 to 9/		•	30, 2019 0/1/18 to 12/31/1	8
	n no fees received an complete just this form				
VI. Check if addition	ıal reports are attache	ed:			
•	ved fees or made expend				
☐ If you have paid a Expense Reimbursem	an honorarium or reimb ent	ursed expenses, ye	ou must file Adde	endum B– Repo	ort of Honorariums or
☐ If you, your firm,	or your family has mad	le political contrib	outions, you must	file Addendun	1 C- Political Contributions
I have read RSA 15, F and complete to the be	est of my knowledge an	nd RSA 664 and h	hereby swear or a	ffirm that the fo $4/17/18$	regoing information is true
(Signature of lobbyis Stephen H	labbe			(Date)
(Print Name of lobby	vist)				

P L E A S E P R I N

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Stephen Habbe	
II. Name of lobbyist's partnership, firm or corporation, if any:	
N.A. Cemployee of The American Diale (Name of partnership, firm or corporation),	setis Hisociation)
(Name of partneyship, firm or corporation), III. Name of Client Hours Can Dubits Association	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations serv
a) Total of all fees received in this reporting period	a)\$656.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$ 656.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of le being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are mad- may be filed for the lobbyist(s)/f e aggregate total of all expenses; expenses; (b) the aggregate total of le: meals purchased during a busi- ss than \$10 that is given to the pe- ed with a value of \$25.00 or less); orting period of greater than \$25.00 ue of greater than \$25, purchase er than \$25, but not greater than expense reimbursement, or poli
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	
f) Total of all expenses year to date	f) \$	
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting	
Paid to:	Amount:	
N.A.	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
·		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information	
Soloh Halle	4/17/18	
(Signature of Robbyist) Stanhan Habbe	(Date)	
(Print Name of lobbyist)		
(Fillit Name of Tobbyist)		